

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID. NO.	DATE
FEE DETERMINATION	BA	10385	
O.I.P.E. CLASSIFIER		20	1/12
FORMALITY REVIEW		71480	1-21-99

INDEX OF CLAIMS

- ✓ ..... Rejected
- ✓ ..... Allowed
- (Through numeral) Canceled
- ± ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/20/01
2	✓	✓	7/25/02
3	✓	✓	5/27/03
4	✓	✓	8/15/03
5	✓	✓	11/17/04
6	✓	✓	
7	✓	✓	
8	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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